

USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

# FEE TRANSMITTAL For FY 2005

(Reflects USPTO filing fees in effect from 12/\_\_\_/04)

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **2,160.00**

## Complete if Known

Application Number	08/444,791-Conf. #5613
Filing Date	May 19, 1995
First Named Inventor	Manfried Brockhaus
Examiner Name	R. Schwartron, Ph.D
Art Unit	1644
Attorney Docket No.	13140 (01017/40451C)

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order  
☐ Deposit Account ☐ None

Deposit  
Account  
Number

13-2855

Deposit  
Account  
Name

MARSHALL, GERSTEIN &  
BORUN LLP

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): \_\_\_\_\_

## FEE CALCULATION

### 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

### 1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

**Subtotal (1) and (1a.)** \$ **0.00**

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	x	=

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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**Subtotal (2)** \$ **0.00**

### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	<b>2,160.00</b>
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other: \_\_\_\_\_

**Subtotal (3)** \$ **2,160.00**

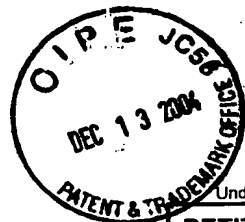
## SUBMITTED BY

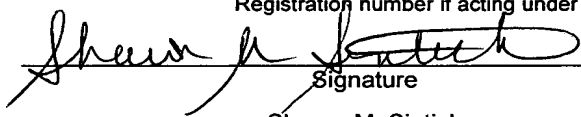
Signature		Registration No. (Attorney/Agent)	48,484	Telephone	(312) 474-6300
Name (Print/Type)	Sharon M. Sintich	Date	December 9, 2004		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.


Dated: December 9, 2004

Signature: (Sharon M. Sintich)



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		<b>Docket Number (Optional)</b> 13140 (01017/40451C)	
<b>Application Number</b> 08/444,791-Conf. #5613		<b>Filed</b> May 19, 1995	
<b>For</b> HUMAN TNF RECEPTOR			
<b>Art Unit</b> 1644		<b>Examiner</b> R. Schwadron, Ph.D.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$ 2,160.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 48,484			
 Signature		December 9, 2004 Date	
Sharon M. Sintich Typed or printed name		(312) 474-6300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

12/15/2004 LNDNDIM1 00000041 08444791  
01 FC:1255 2160.00 OP

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Dated: December 9, 2004 Signature:  (Sharon M. Sintich)